

SIX FLAGS NEW ENGLAND	
SUBJECT: INFECTIOUS/CONTAGIOUS DISEASES	EMERGENCY RESPONSE PROCEDURES
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EFFECTIVE: JANUARY 2016	SUPERSEDES: ALL PREVIOUS

INFECTIOUS/CONTAGIOUS DISEASES

PURPOSE

To establish procedures designed to protect Six Flags New England personnel and Guests from potential exposure to infectious/contagious diseases in the workplace.

POLICY

- A. It is the policy of Six Flags New England to comply with all applicable Federal and State laws regulating occupational exposure to infectious/contagious diseases.
- B. Medical Services shall provide a copy of their Exposure Control Plan to be kept on file in the Safety Office.
- C. Medical Services coordinates medical evaluation, treatment and surveillance for any Six Flags New England employee who has been exposed or potentially exposed to an infectious/contagious disease as required by applicable regulations.

DEFINITIONS

- A. Emergency Response Personnel - A First Responder, Emergency Medical Technician (EMT), Paramedic, R.N. or any other personnel whose duties and responsibilities dictate emergency response.
- B. LIST CONTRACTED EMS PROVIDERS - Are contracted to provide medical assistance and emergency response to guests, employees and others at Six Flags New England during special events.
- C. Patient - Any person on site who is in need of medical attention, evaluation or treatment by Health Services or other emergency response personnel.

PROCEDURES

- A. On occasion, a Six Flags New England Employee may need to provide minimal assistance to an injured/ill individual until the arrival of Health Services personnel. Universal precautions should be used routinely whenever there is a potential for exposure to blood or other body fluids, secretions, excretions, and tissues.
 - Handle all sharp instruments with caution.
 - Broken glass should not be picked up with the hands. Use a mechanical means such as a brush, dustpan, broom, etc.
 - Hands should be washed with soap under a steady stream of water for at least fifteen (15) seconds before and after contact with each patient or cleansed with an alcohol based hand wash.

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B. General Disinfection

- All worksites must be maintained in a clean and sanitary condition at all times.
- All waste containers should be cleaned each time they are emptied.

C. CPR Training

- All manufacturer's recommendations and provisions for cleaning of mannequins and training materials shall be followed.
- Any participant in hands-on training who has or may have: dermatologic lesions of the hands, oral or circumoral areas, have an upper respiratory infection, are HIV positive, or have been exposed to or is in the active stage of any infectious process, must notify the Safety/Security Manager so that the appropriate precautions may be taken.
- All students will be notified that the training involves close physical contact.

D. Should an occupational exposure occur, the affected employee shall be provided appropriate medical evaluation and treatment as required. Medical Services shall coordinate all medical treatment, preventive therapy and medical surveillance with the affected employee.

E. It is the responsibility of Medical Services to ensure that written notification of the results of any medical tests (as well as their interpretations) regarding exposure, are provided to any employee who is undergoing evaluation and treatment for an infectious/contagious disease.

F. Medical Services shall report all cases and suspected cases of an infectious/contagious disease to the following individuals:

- Unit 500
- Unit 570
- Unit 200
- Unit 100

G. Medical Services, in coordination with Six Flags New England personnel, shall report all cases and suspected cases of an infectious/contagious disease to the local health authority immediately per state regulations.

H. Medical Services shall maintain appropriate exposure records in the affected employee's medical file. All exposure incidents shall be documented. Documentation shall include the name or other identifier of the employee exposed; the date and location of the incident; a detailed description of the incident; all follow-up evaluation and treatment; and the steps taken to prevent such incidents from occurring in the future.

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APPENDIX A

PURPOSE

To establish policy to ensure that all parks are prepared to effectively manage fecal accidents in pools and at water park attractions within their facility.

DEFINITION(S)

Backwash – Cleansing method done by reversing the flow of water through the filtration system to dislodge particulates from the filters and eject them to waste.

CT Inactivation Value – Contact time indicator that dictates the length of exposure that free chlorine levels are to be maintained. It is calculated by multiplying free chlorine in ppm (parts per million) by the number of minutes to be maintained. (ex: 20 ppm x 480 minutes = **9600**)

Cryptosporidium parvum – A parasite excreted in the feces of infected humans, cattle, and other mammals. The infectious form of the parasite, the “oocyst”, is only 4 to 6 microns in size. Too small for most filtration systems to catch and highly resistant to the levels of chlorine normally found in swimming pools. As few as 2 – 10 oocysts can cause infection. Symptoms may begin, on average, 7 days (range from 1 – 14 days) after the ingestion of the parasite. These include profuse and watery diarrhea, abdominal cramping, fatigue, fever, loss of appetite, nausea and vomiting. The infection can be transmitted through contaminated pool & tap water, eating or drinking contaminated food products, or through direct contact with feces.

E.coli - E.coli is one of hundreds of strains of the bacterium Escherichia coli. This strain produces a powerful toxin and can cause severe illness. It was first recognized as a cause of illness in 1982 during an outbreak of severe bloody diarrhea; the outbreak was traced to contaminated hamburgers. Since then, most infections have come from eating undercooked ground beef. Infection can also occur after drinking raw milk, and after swimming in or drinking sewage-contaminated water.

Effluent – Water line drawing away from the main body of water.

Diarrhea Incident – A liquid fecal incident.

Hard Stool Incident – Solid fecal incident.

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PROCEDURE(S)

1.01 Parks should prepare a plan to respond to a guest and/or media who contacts the Park reporting an illness or who has questions about:

- Cryptosporidium
- E.coli
- Water chemistry and quality

The park should refer guests and/or media with questions to a designated member of management who should speak with these individuals.

1.02 This fecal accident policy should be reviewed in training. The parks should emphasize to lifeguards, aquatics attendants, and management the importance of enforcing the policy.

1.03 Lifeguards, aquatics attendants and management should be trained to monitor the pools and attractions for fecal accidents and behavior that can put others at risk (such as rinsing off the soiled buttocks of a non-diapered child in a pool or rinsing a diaper in a pool).

1.04 Team members should be trained to report illnesses they experience to management and to first aid.

1.05 Team members should be told in training not to swim or ride attractions if experiencing a stomach or intestinal illness, diarrhea, or abdominal cramps.

1.06 Diaper-dependant children and toddlers are at high risk for having fecal accidents in pools and should be closely monitored. Swim diapers should be required for diaper-dependant children and diaper-dependent adults.

1.07 Soiled diapers should be disposed of in a proper container, such as a trashcan, as provided in most restrooms.

1.08 Signage at parks should be posted in a conspicuous location before water park or pool entry, which should indicate that:

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- Diaper dependent children and diaper-dependent adults must wear approved waterproof diapers in all pools and attractions.
- Changing of diapers in and around water areas is strictly prohibited.
- Diaper changing areas are provided at restroom locations. Please wash hands with soap and water after changing a diaper.
- Do not drink pool water.
- Do not use the pool if you or your child has had a stomach or intestinal illness in the previous two weeks.
- Please shower your child and yourself before entering the water.

EXPOSURE PROCEDURE

2.01 Applicable local or state health department guidelines supersede these guidelines.

2.02 Hard stool and vomiting accidents are handled the same way:

<i>Well formed stools/ Vomit</i>	Diarrhea
Clear the area	Clear the area including all pool that use the same filters as the contaminated area.
Remove as much of the material as possible using a net or scoop while wearing PPE. Clean and sanitize the net or scoop. Do Not Vacuum unless it discharges directly to waste.	Remove as much of the material as possible using a net or scoop while wearing PPE. Clean and sanitize the net or scoop. Do Not Vacuum unless it discharges directly to waste.
Check chemical levels in the area. Raise the chlorine level to 5 ppm (minimum) or equivalent level for other disinfectants. Ensure that the pH level is between 7.2 – 7.6. Keep area closed for 30 minutes at	Check chemical levels in the area. Use a CT value of 9600 for all diarrhea contaminations. CT refers to (C) free available chlorine in ppm multiplied by time (T) in minutes .

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these levels.(note: CDC requires 2ppm minimum)		
Check chemical levels to ensure that they have returned to the normal operating levels.		<p>Raise the free available chlorine concentration to 20 ppm (minimum) or equivalent level for other disinfectants, and maintain the pH between 7.2 – 7.6.</p> <p>20 ppm should be maintained for at least 8 hours. The CT value of 9600 may be reached by increasing the free available chlorine and decreasing the time.</p> <p>20 ppm X 8 hours (480 minutes) = 9600</p> <p>40 ppm X 4 hours (240 minutes) = 9600</p> <p>60 ppm X 2 hours 40 minutes (160) = 9600</p> <p>Ensure that the filtration system is operating while the area(s) reaches and maintains the proper chlorine level during disinfection.</p>
Reopen the area		<p>Backwash the filter thoroughly after reaching the CT value. Make sure the effluent is discharged directly to waste.</p> <p>Check chemical levels to ensure that they have returned to the normal operating levels.</p>
		Reopen the area

2.03 Clear the area.

2.04 While wearing PPE, remove as much of the material as possible from the area with a net or scoop and dispose of it in a sanitary manner. Sanitize your equipment and wash your hands with soap and warm water.

2.05 Follow the proper procedure depending on the type of contamination.

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- 2.06** Check chemical levels to ensure that they have returned to the normal operating levels before reopening the area.

FACILITY

- 3.01** The dressing, toilet and shower areas should be kept clean and disinfected.
- 3.02** Parks should maintain pool re-circulation rates and proper functioning of filtration systems, while abiding by the Six Flags water chemistry standards and all local or state guidelines.

CRYPTOSPORIDIA INFECTION

- 4.01** In the event that a guest or employee contacts the park with documented information from a doctor or clinic that he or she has an ongoing Cryptosporidia infection **and** just had an accident in your facility (and within the actively infectious period of the parasite), refer to the following procedures.
- Follow the procedures as outlined above for the affected area.
 - Clear and close the affected area(s), pool(s), slide(s) and attraction(s).
 - Management should notify the general manager, first aid, safety manager and public relations manager immediately.
 - The park should notify local or state health department if required.

NOTE: The parks should emphasize public education (especially in high-risk populations) and increase the fecal accident monitoring vigilance.

TESTING

- 5.02** Management is required to have a system to collect and send water to a qualified facility for testing.

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FOOD AND DRINK HISTORY

WHERE DID YOU EAT BREAKFAST (WHAT TIME): _____

WHAT DID YOU HAVE INCLUDING TO DRINK: _____

WHERE DID YOU EAT LUNCH (WHAT TIME): _____

WHAT DID YOU HAVE INCLUDING TO DRINK: _____

WHERE DID YOU EAT DINNER (WHAT TIME): _____

WHAT DID YOU HAVE INCLUDING TO DRINK: _____

PLEASE LIST ANYTHING ELSE YOU MAY HAVE EATEN OR DRANK DURING THIS TIME FRAME AND WHAT TIME YOU DID SO: _____

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NAME:_____ AGE:_____ DATE OF BIRTH:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

PHONE NUMBER: (____)____ - _____ OTHER NUMBER(____)____ - _____

DATE OF ARRIVAL:_____ DEPARTURE DATE:_____

DATE OF INCIDENT:_____ LOCATION OF INCIDENT:_____

TIME OF ILLNESS:_____ SYMPTOMS:_____

LENGTH OF SYMPTOMS:_____ ALLERGIES:_____

DID THE SYMPTOMS GET WORSE OR BETTER WITH TIME:_____

NUMBER OF PEOPLE IN PARTY EXPERINCING SYSPTOMS (A SHEET SHOULD BE FILLED OUT FOR EACH PERSON):_____

DID YOU SEE A DOCTOR:___YES ___NO IF YES WHAT WAS THE DIAGNOSA:_____

FOOD AND DRINK HISTORY SHOULD BE 24 HOURS PRIOR TO ILLNESS

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Safety Toolbox Talks – In The News

MRSA – Methicillin-Resistant Staphylococcus Aureus



Drug-resistant “super bugs” have become popular in science-fiction & news reports on the future, but most of us have probably dismissed the chance of these types of infections proliferating in real life. Lately, one drug-resistant infection has been getting its fair share of coverage. This is the drug-resistant Staph Infection, also known by its proper name, Methicillin-Resistant Staphylococcus Aureus or MRSA. By understanding what MRSA is, how it's spread, how to identify the infection, and implementing prevention techniques, we will be better able to protect ourselves.

What is Staphylococcus Aureus?

- It's a BACTERIA, often referred to as Staph, and is a common cause of skin infection in the U.S.
- Staph bacteria are found on the skin and noses of healthy people—in fact 20-30% of us have it in our noses.
- The majority of Staph infections are minor, such as pimples or boils.
- Staph can be a problem inside our body if it can penetrate a cut or surgical wound. Once inside the body, advanced infections, blood infections, or pneumonia can occur.

What is MRSA ?

(Methicillin-Resistant Staphylococcus Aureus)

- It's a type of Staph germ that is resistant to the drugs commonly used to treat Staph infections.
- Though most MRSA infections are not serious, some can be life-threatening due to the fact that they cannot be treated by usual means.
- Treatment of MRSA is difficult and is usually treated by draining skin abscesses or with intravenous drugs, but some strains are becoming resistant to these drugs as well.
- MRSA is carried or “colonized” by about 1% of the population, but is becoming more common.

Identifying Infection

- MRSA can often be misdiagnosed as a spider bite.
- Symptoms may include redness, warmth, swelling, pus, pimples, boils, or blisters.

Preventing Infection

- The #1 thing you can do is to wash your hands thoroughly and often with soap & water or alcohol-based hand sanitizer (60%-95% ethanol (ethyl alcohol) or isopropanol.)
- Clean your cuts and keep them covered with the proper dressing until they heal.
- Avoid contact with other people's cuts.
- Avoid sharing personal items like razors, towels, uniforms, and sports equipment that directly touch your body.
- Clean & disinfect objects such as gym and sports equipment or tools shared at work.
- Wash dirty cloths and linens with HOT water and use a HOT drying cycle in a dryer.
- Thoroughly clean areas with approved MRSA cleaners. Be aware that by definition MRSA is a hard bacteria to eradicate, so thorough cleaning is a must!
- Make your own cleaner: 3/4 cup bleach in 1 gallon of water will work for heavy contamination areas and 1 tbs bleach to 1 quart of water for areas less likely to be contaminated.

How Does MRSA Spread?

- MRSA lives on skin and survives on objects or surfaces for more than 24 hours.
- Drainage or puss from infections can spread bacteria to other body parts or people. Do not drain your own or other people's sores.
- MRSA infections are often spread where crowds of people are found, such as gyms and schools but can be found nearly anywhere.
- Most MRSA is spread by direct human contact.
- MRSA is also spread through touching objects such as towels, sheets, workout areas, and sports equipment.

The Best Protection Is Information. Monitor Reputable News Sources & www.CDC.gov, the website of the Centers for Disease Control & Prevention, for the latest information about MRSA!